



Arizona Department of Health Services

CDC/SGH# or name: \_\_\_\_\_

	Contact Telephone Number:
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I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name	Contact Telephone Number
Name	Contact Telephone Number
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<p>In case of injury or sudden illness, I request that this individual be called first:</p>	
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The following individual(s) may NOT remove my child from the facility:

Name(s):
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Custody papers have been provided and are on file at the facility  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

## Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to an enrolled child's Emergency, Information and